INDIANA STATE DEPARTMENT OF HEALTH

Environmental Laboratory 550 W. 16th Street, Suite B INDIANAPOLIS, INDIANA 46202-2203

CHEMICAL EXAMINATION OF WATER

Do not write in this space	
Lab No	
Date Rec.	
Date Rep	

FILL IN THIS SPACE. Indiana State Department of Health is to mail report to:		A	Also, mail	copy of report to:		
		N N	ame			
Name						
		 				_
Street		S	treet			
IN				IN		
City or Town	ZIP	C	ity or Town		ZIP	_
Name of Utility or Organization		_ Superintend	ent			_
City or Town						_
Collected by	Date Collected	t	lour			_
Where was sample collected?		Bott	le No			_
Name unusual conditions						-
PWS Identification Number						
FIELD INFORMATION		ΙΔRO	RATORY	/ EXAMINATION		
Indicate all treatment this			Do not		Ι	Do not
sample has received		Check	Check mg/l		Check	Check mg/l
Check						
No Treatment	MO Alkalinity as CaCO ₃			Arsenic		
Chlorination	Hardness as CaCO₃			Barium		
Plain sedimentation	Turbidity			Cadmium		
Aerated and settled	pH			Chromium (Total)		
Potassium Permanganate				Copper		
Coagulant Aide	Chlorides as Cl			Lead		
Prechlorinated	Sulfates as SO ₄			Mercury		
Filtered	Phosphates as PO ₄			Selenium		
Postchlorinated	<u> </u>			Silver		
Zeolite softened	Fluorides as F			Copper		
Lime-soda softened	Nitrate + Nitrite as N			1,,,,,		
Coagulated and settled	Nitrates as N			Iron		
Phosphate treatment Fluoride treatment	Nitrite as N			Manganese		
Fluoride treatment	Sp. Cond. μmhos/cm			Coloium		
	Organics			Calcium Magnesium		
	Endrin			Sodium		
	Lindane			Potassium		
FIELD EXAMINATION	Methoxychlor			Fotassium		
pH	2, 4-D					
CO2 mg/l	2, 4, 5-TP			Radionuclides		pCi/l
Iron mg/l	Toxaphene		+	Gross Alpha		ροι/1
	Τολαρτίστο		+	Gross Beta		
			+	5.500 Bota		
			1	<u> </u>		
REMARKS:						